STATE OF CALIFORNIA
NON-USPS ADJUSTMENT REQUEST--VALUES
(Fringe Benefit/Employee Business Expense)
STD. 676V (NEW. 1-96)   FMC

PLEASE TYPE OR PRINT CLEARLY. SEE COMPLETION INSTRUCTIONS ON THE REVERSE.
For additional information, including Volume Processing Information,
refer to the State Controller's Office, Payroll Procedures Manual (PPM), Section I.
Submit only original.

V

A. ITEM CODE	B. ITEM DESCRIPTION	C. TAX YEAR	D. PAGE OF

SOCIAL SECURITY NUMBER (1)	EMPLOYEE'S NAME (2)	POSITION AGENCY (3)	UNIT (4)	PAY PERIOD (5) M Y	GROSS AMOUNT SUBJECT TO WITHHOLDING (6)	GROSS AMOUNT **NOT** SUBJECT TO WITHHOLDING (7)	STATE CODE (8)	ISSUE DATE (9) M D Y

AGENCY/CAMPUS NAME

I certify that I am duly authorized by the herein named state agency to make this report and certification;
that data stated herein is correct, complete and in accordance with all laws and regulations.

REPORTING OFFICER'S SIGNATURE	DATE SIGNED

TYPED OR PRINTED NAME AND TELEPHONE NUMBER OF INDIVIDUAL COMPLETING THIS REQUEST

(Include Area Code or use CALNET)
(   )

INSTRUCTIONS

Please type or print clearly. Complete all required information for each line. Do not use ditto marks to indicate duplicate line information. Entries on Form STD. 676V must be as follows:

BOX A -- **Item Code.** A separate form STD. 676V is required for each Item Code. Enter the two character ALPHA code, below, for the benefit being reported.

BOX B -- **Item Description.** Enter the full name, below, of the benefit being reported (e.g. CARS — Personal Use of State Vehicle).

BOX C -- **Tax Year.** A separate form STD. 676V is required for each tax year.

BOX D -- **Page ___ of ___** must be completed.

COLUMN

1. Enter the employee's Social Security Number.

2. Enter the employee's first/middle initials and surname.

3. Enter the three-digit agency code.

4. Enter the three-digit unit number.

5. Enter the pay period in which the benefit amounts were received or incurred.

6. Enter the gross amount subject to withholding.

7. Leave blank.

COLUMN

8. Enter the State Code--CA, California
   IL, Illinois
   NY, New York
   Blank, all others

   NOTE: FOR CAR/VAN POOL, COMMUTER HIGH-WAY VEHICLE, AND DISCOUNT TRAVEL/TRANSIT PASS, LEAVE STATE CODE BLANK.

9. Enter the issue date of the benefit value. Issue date is defined as the last day of the pay period in which benefit values were provided to the employee.

   NOTE: FOR NON-CASH BENEFITS RECEIVED IN THE MONTH OF DECEMBER, ENTER 01/01/XX OF THE SUBSEQUENT YEAR.

BOTTOM BOXES

- Enter the agency/campus name.
- Signature of the reporting officer is required
- Enter the current date
- Enter the name and telephone number of the person completing the form.

ITEM CODE	ITEM DESCRIPTION
	AIRCRAFT
AP	• Personal Use of State Aircraft
	AWARDS/BONUSES
AL	• Lottery Sales Recognition Program
AI	• Rideshare Incentive Award Program
	CARS
CP	• Personal Use of State Vehicle
EA	**EDUCATIONAL ASSISTANCE**
	HOUSING/LODGING
HV	• Value of State Housing
	LIFE INSURANCE
LL	• Group Term Life Insurance (Legislators)
LN	• Group Term Life Insurance (Non-Legislators)

ITEM CODE	ITEM DESCRIPTION
	LOAN PROGRAMS
LF	• Forgivable Loan/Doctoral Incentive Program
LA	• Loan Assumption Program
LP	• Loan Forgiveness Program
OP	**OUT-PLACEMENT**
OM	**OVERTIME MEAL COMPENSATION**
	TRANSPORTATION SUBSIDIES
TC	• Car/Van Pool
TH	• Commuter Highway Vehicle
TD	• Discount Travel/Transit Pass
UA	**UNIFORM ALLOWANCES**